

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORMS PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10550488

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5						
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39						
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41						
42	1					
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.	4		2			
TOTAL DEP.	23		24			
TOTAL CLAIMS	67		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						